

Sheet 1 of 2

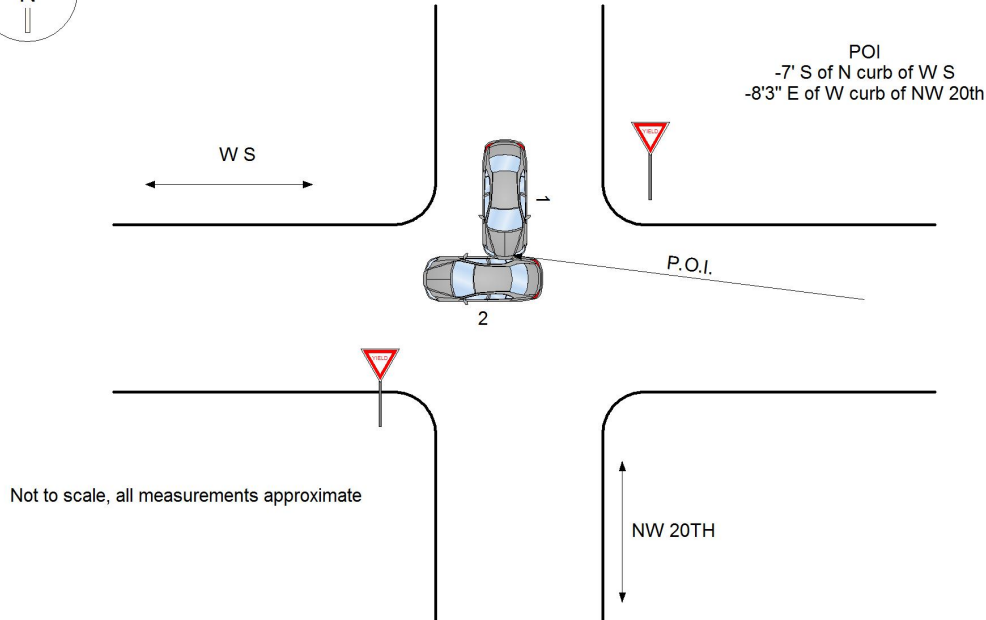
THIS FORM REPLACES DR FORM 40, JAN 02
PREVIOUS EDITIONS WILL BE DESTROYED

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107706

Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

Dr. 1 stated she was operating veh. 1 SB on NW 20th entering the intersection at W S when veh. 1 collided with veh. 2. Dr. 2 stated he was operating veh. 2 WB on W S, and believed he yielded to traffic on NW 20th and entered the intersection. Veh. 2 was then struck by veh. 1. Dr. 2 cited/released.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1		X			NW 20TH										
2			X		W S										
1	01	06 Turning left				VEHICLE 1		VEHICLE 2		1 Deployed - front		1 None used - vehicle occupant			
2	01	08 Entering traffic lane				POINT OF IMPACT 01		POINT OF IMPACT 03		2 Deployed - side		2 Lap & shoulder belt used			
		09 Leaving traffic lane				MOST DAMAGED AREA 01		MOST DAMAGED AREA 03		3 Deployed - both front/side		3 Shoulder belt only used			
		10 Parked				00 None		02 03 04		4 Not deployed		4 Lap belt only used			
		11 Slowing or stopped in traffic				09 Top & windows		01 05		5 Not applicable/ No airbag available		5 Child safety seat used			
		12 Other				10 Undercarriage		08 07 06		6 Unknown		6 Child booster seat used			
		13 Unknown				11 Total (all areas)				VEHICLE 2		7 DOT approved helmet used			
						12 Other						8 Costume helmet used			
												9 Restraint use unknown			

OFFICER NO. 1650	TROOP/ TEAM/ BEAT NW	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Cole Jennings		INVESTIGATOR SIGNATURE Approved by Officer Cole Jennings	DATE OF REPORT 11/19/2015